City of Monroe
Lifeline Utility Water and Sewer Rate Application
Monroe City Limits Customers

NAME ON ACCOUNT: ___________________________________________________________

ADDRESS: __________________________________________________________________

ACCOUNT # /CUSTOMER #: __________________ / __________________

DATE OF BIRTH: ___/___/____ AGE: _____ SS#: _______ - _______ - _______

If you receive any of the following, please write the account number:

*SSI # ____________________ *SSDA #__________________ *VA # ___________________

Criteria to qualify for Lifeline Utility Rate for Citizens of the City of Monroe

A. The individual shall be at least sixty-two (62) years of age at the time of filing.

OR

B. Individual must be permanently disabled as per SSI, SSDA, or VA.

In addition to age and/or disability requirement stated above:

a. The individual applicant must meet the income limits set annually by the federal Department of Housing and Urban Development ("HUD") concerning eligibility for HUD assisted housing programs, Section 8. The current income limit for a one-person household is $28,700 and for a two-person household is $32,800. Applicant is not required to live in a HUD home to qualify.

b. The application must be notarized, have attached copies of SSI, SSDA, or VA documents, financial documents for HUD eligibility (income tax returns or HUD approval application), and a copy of driver’s licenses or birth certificate. Citizens with the special rate must provide proof of documentation of the above criteria to qualify for the special discount rate.

c. All applications are for the calendar year and must be renewed on January 1st of each year. Customer must re-apply every year.

I declare under the penalties prescribed by law that the above statements are true and correct. By signing below, I signify that I have read and agree to all the conditions above and have read the attached Lifeline criteria document. I will notify the City of Monroe of any changes to my status at any time during or after the application process.

APPLICANT SIGNATURE: ____________________________ DATE: ________________

Notary Public__________________________ Bar #________________________

Print Name ______________________________

Office Use Only: CSR Initials: _______ Date Received: ____________

Revised 02/6/2020